

**Mail To:**

(Choose one of the addresses below)

**MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation**

P.O. Box 4200  
Lewiston, ME 04243-4200

P.O. Box 610  
Orono, ME 04473-0610

P.O. Box 1088  
Presque Isle, ME 04769-1088

Claimant's Name: \_\_\_\_\_ Claimant's SSN: \_\_\_\_\_ BYE: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Call Center: \_\_\_\_\_

**WORK SEARCH LOG**

Each week you are expected to make a reasonable effort to obtain a job. Record your work search efforts the day the contact(s) is made. **Complete every section** of the job contact information. Contacting employers ***in person*** is normally the best method of seeking work. A combination of methods, including filing a job application, sending letters and resumes via regular mail, e-mail or the internet, registration with the CareerCenter and the use of employment agencies, can also be used in conjunction with personal employer contacts.

**Keep this log until you are asked to submit it to the Department. Failure to submit a completed form upon request could result in a denial of benefits and an overpayment of benefits paid.** If you return to work, you must return this log to the Department. If you need more forms, download them from the Department's website, [www.Maine.gov/labor](http://www.Maine.gov/labor), or call 1-800-593-7660.

Date of Contact	Name and Address of Employer Contacted	Name /Title of Person Contacted	Type of Work You Applied For	How the Job Contact was Made	Result of Job Contact

***I CERTIFY THAT THE INFORMATION I HAVE REPORTED IS TRUE AND CORRECT. I UNDERSTAND THAT THERE ARE PENALTIES FOR MAKING FALSE STATEMENTS, INCLUDING THE LOSS OF BENEFITS AND FINES.***

Signature \_\_\_\_\_ Date \_\_\_\_\_